

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

07-25-2005 90043 043 ****50.00

DOCUMENT # L04000084178 1. Entity Name PERSONAL MANAGEMENT GROUP, LLC					
Principal Place of Business 3712 ST. JOHNS AVE. JACKSONVILLE, FL 32205			Mailing Address 3712 ST. JOHNS AVE. JACKSONVILLE, FL 32205		
2. Principal Place of Business 3712 ST. Johns Ave		3. Mailing Address As Above			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State JACKSONVILLE, FL		City & State 		4. FEI Number 20-2076057	
Zip 32205		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOESER, DAVID R 3712 ST. JOHNS AVE. JACKSONVILLE, FL 32205				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOESER, DAVID R 3712 ST. JOHNS AVE. JACKSONVILLE, FL 32205	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				Date 7/22/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 389-1922	

30010816



07102005 Chg-LLC CR2E083 (10/03)

20-2076057

Applied For
Not Applicable

ATTACHMENT

Personal Management Group, LLC

L6400008498

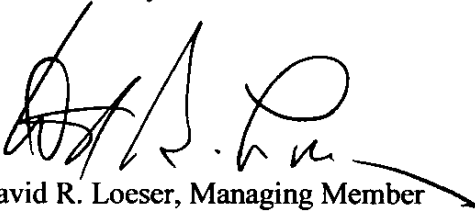
30010812

Div of Corporations
PO Box 6478
Tallahassee, FL 32314

Re incorrect FEI Number

Dear Sir/Madame,

The number has been corrected on the copy that you sent to me. The initial "0"
was incorrectly inserted.

A handwritten signature in black ink, appearing to read "D. R. Loeser", with a long horizontal flourish extending to the right.

David R. Loeser, Managing Member
Personal Management Group, LLC